UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

Period Covered: January 1, 2007 - MAY 14, 2008

FORM B
For use by candidates and new employees

MAY 15 2008

LEGISLATIVE RESOURCE CENTER
2008 MAY 22 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

KIM D. SCHMETT
(Full Name)

10141 LINCOLN AVENUE CLIVE, IOWA 50325 515-225-9023
(Mailing Address) Daytime Telephone:

Filer Status			
[X] Candidate for the House of Representatives	State: IOWA District: THIRD	Date of Election: 6/3/08	Check if Amendment [ ]
[ ] New officer or employee	Employing Office:		

A *$200 penalty* shall be assessed against anybody who files more than 30 days late.

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
II. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you receive compensation of more than $5,000 from a single source in the two prior years? **If yes, complete and attach Schedule VI.**	[X]	[ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date *(Month, Day, Year)*
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	K D Schmett	5-14-08

Name KIM D. SCHMETT

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totaling $200 or more during the current year to the filing date *and*, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source (include date of receipt for honoraria)	Type	Amount	
			Current Year to Filing	Preceding Year
Examples:	XYZ Corporation, Houston, Texas	Salary	$6,300	$28,450
	First Bank & Trust, Houston, Texas	Director's Fee	$400	$3,200
	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA	NA
	COALITION FOR FAMILY & CHILDRENS SERVICES IN IOWA DES MOINES, IOWA	SALARY / CONSULTING FEE	25,997	96,833
	SCHMETT AND ASSOCIATES CLIVE, IOWA	SALARY	11,000 [redacted] KDS	31,876
	SPOUSE: SCHMETT & ASSOCIATES, CLIVE IOWA	SALARY	—	—
	SPOUSE: ROMNEY FOR PRESIDENT, BOSTON, MA.	CONSULTING	—	—

This page may be copied if more space is required.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting period.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

Indicate type of income earned.
Check all columns that apply.
Check "None" if the asset did not earn any income during the reporting period.

BLOCK D — Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if the asset did not earn any income during a reporting year; do not leave blank.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Current Year I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Preceding Year I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000
Examples: SP	Mega Corp. Stock					X								X										X										X								
Examples:	Simon & Schuster			Indefinite																Royalties					X											X						
Examples:	1st Bank of Paducah, KY accounts						X									X									X											X						
	1411 41ST PLACE DES MOINES, IOWA						X									X										X											X					
	IOWA PUBLIC EMPLOYEES RETIREMENT SYSTEM					X								X							X											X										
SP	IOWA PUBLIC EMPLOYEES RETIREMENT SYSTEM					X								X							X											X										
SP	AMERICAN FUNDS			X											X			X			X													X								

For additional assets and unearned income, use next page.

SCHEDULE III — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** *(i.e., credit cards)* only if the balance at the close of the previous calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001—$15,000	C $15,001—$50,000	D $50,001—$100,000	E $100,001—$250,000	F $250,001—$500,000	G $500,001—$1,000,000	H $1,000,001—$5,000,000	I $5,000,001—$25,000,000	J $25,000,001—$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X						
	WELLS FARGO BANK	MORTGAGE ON 1411 41ST PLACE DES MOINES, IOWA			X							

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
EXECUTIVE DIRECTOR	COALITION FOR FAMILY & CHILDRENS SERVICES IN IOWA, DES MOINES, IOWA
CONSULTANT	COALITION FOR FAMILY & CHILDRENS SERVICES IN IOWA, DES MOINES, IOWA
PROPRIETOR	SCHMETT AND ASSOCIATES, CLIVE, IOWA

Use additional sheets if more space is required.

SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4-31-08	COALITION FOR FAMILY & CHILDRENS SERVICES & KIM SCHMETT	CONTINUATION OF HEALTH INSURANCE THROUGH 12-31-08
4-31-08	" "	SEVERANCE PAY DUE 6-31-08
4-31-08	" "	CONSULTING SERVICES THRU 6-31-08

SCHEDULE VI—COMPENSATION IN EXCESS OF $5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than $5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
COALITION FOR FAMILY & CHILDRENS SERVICES IN IOWA DES MOINES, IOWA	NON-PROFIT MANAGEMENT
LIFESAFER INTERLOCK CINCINNATI, OHIO	GOVERNMENT RELATIONS
STEWART & ASSOCIATES RALEIGH, NORTH CAROLINA	CONSULTING SERVICES
ON-POINT ADVOCACY ALEXANDRIA, VA	" "
DIRECT IMPACT ALEXANDRIA, VA	" "
MIDWEST PUBLIC AFFAIRS GROUP CHICAGO, ILLINOIS	" "
FLEISCHMAN-HILLARD ST LOUIS, MO	" "

Name KIM D. SCHMETT | Page 6 of 6

SCHEDULE V—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

SCHEDULE VI—COMPENSATION IN EXCESS OF $5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than $5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
COMMUNITY STRATEGIES ALEXANDRIA, VIRGINIA	CONSULTING